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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

FRANCE 02 09911 08/02/2002

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED

\*\* SMALL ENTITY \*\*

\*\* 03/30/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	FRANCE	3	15	6
Examiner's Signature _____ Initials _____				

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## TITLE

Novel medicinal product

FILING FEE

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
 No. \_\_\_\_\_ for following:

☐ All Fees